

JUL 24 2008



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FROM:	Thomas F. Bergert, Esq.
DIRECT DIAL #:	703-760-5237
ATTORNEY/USER ID #:	T. Bergert/1086
CLIENT/MATTER #:	037925.0002
SUBJECT:	U.S. Patent Application Serial No. 10/629,304 Inventor: Morris, Daniel R. Examiner Matthew Meyers, Group Art Unit: 3629
NUMBER OF PAGES (INCLUDING COVERSHEET):	9

MESSAGE:

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PTO/SB/21 (01-08)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number..	10/629,304
	Filing Date..	7/30/2003
	First Named Inventor..	Morris, Daniel R.
	Art Unit..	3829
	Examiner Name..	Matthew Meyers
Total Number of Pages in This Submission	8	Attorney Docket Number.. 037925.0002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement.. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers. <input type="checkbox"/> Petition.. <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer.. <input type="checkbox"/> Request for Refund.. <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Pre-Appeal Brief Request for Review Pre-Appeal Brief Remarks
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name..	Williams Mullen		
Signature	<i>Thomas F. Bergert</i>		
Printed name	Thomas F. Bergert		
Date	July 24, 2008	Reg. No..	38,076

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>Rachelle Gruenberg</i>
Typed or printed name	Rachelle Gruenberg
Date	July 24, 2008

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY. 2008.☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 780.00

Complete if Known.

Application Number	10/629,304
Filing Date	7/30/2003
First Named Inventor	Morris, Daniel R.
Examiner Name	Matthew Meyers
Art Unit	3629
Attorney Docket No.	037925.0002

METHOD OF PAYMENT. (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0766 Deposit Account Name: Williams Mullen

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION.**1.. BASIC FILING, SEARCH, AND EXAMINATION FEES.**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310.	155.	510.	255.	210.	105.	
Design	210.	105.	100.	50.	130.	65.	
Plant	210.	105.	310.	155.	160.	80.	
Reissue	310.	155.	510.	255.	620.	310.	
Provisional	210.	105.	0.	0.	0.	0.	

2.. EXCESS CLAIM FEES.**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50.	25.
Each independent claim over 3 (including Reissues)	210.	105.
Multiple dependent claims	370.	185.

Total Claims Extra Claims Fee (\$)

- 20 or HP = x Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x Fee Paid (\$)

4. OTHER FEE(\$)

Non-English Specification, ... \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3-month extension of time and Notice of Appeal fee

780.00

SUBMITTED BY

Signature

*Thomas F. Bergert*Registration No.
(Attorney/Agent) 38,076

Telephone (703) 760-5200

Name (Print/Type)

Thomas F. Bergert

Date July 24, 2008

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